

PROMISING PRACTICES IN HOME AND COMMUNITY-BASED SERVICES

Utah -- Informing Nursing Home Residents about Community Long-Term Care Options

Issue: Nursing Home Resident Education Project

Summary

Utah conducted a statewide campaign to educate nursing home residents about community-based long-term care options. Utah contracted with local Independent Living Centers (ILCs) and local Area Agencies on Aging (AAAs) – organizations with direct experience and knowledge about community services – to conduct the group and one-on-one educational sessions and needs assessments at nursing homes in their local areas.

Introduction

Many people who live in nursing homes do not know about alternatives that would provide the support they need to live independently. As a first step in transitioning nursing home residents

Many people in nursing homes do not know about alternative residential options.

to the community, states must address the challenge of informing nursing home residents

about their community long-term care options. With funding from the Center for Health Care Strategies (CHCS) in Princeton, NJ, Utah conducted an educational campaign using local, community-based organizations to conduct on-site education of nursing home residents.

This report describes the origins of Utah's program, its challenges and impact. This information comes from interviews with the State Director of Long-Term Care and the project coordinator. Reports to CHCS also informed the report.

Background

As part of its response to the 1999 Supreme Court decision *Olmstead v. L.C. and E.W.*, Utah developed a plan to provide more and better information to Medicaid recipients about their

long-term care options. Utah designed this plan to help people – particularly those in transition from one care setting to another – make fully informed decisions about their care. Utah began implementing this plan by first educating people currently living in nursing homes. The state's view is that these residents may have been placed in a nursing home without knowing or understanding all of their options. With input from its Olmstead planning committee, Utah designed a program that would use community-based organizations to conduct group and one-on-one education sessions at nursing homes throughout the state.

This education initiative coincided with a new Medicaid managed long-term care initiative in a three-county area including Salt Lake City. Utah's Long Term Care Managed Care (LTC MC) Initiative adds a flexible long term care service package and case management to an existing Medicaid managed care plan's service package. People in a hospital or nursing home who are age 18 or older and eligible for Medicaid long-term care services may qualify for this initiative. Utah started the first pilot project in 2000 in Davis, Salt Lake, and Tooele Counties.

Intervention

Utah contracted with local Area Agencies on Aging (AAAs) and Independent Living Centers

(ILCs) to conduct on-site resident education programs from February until August 2001. The contractors were responsible for conducting group educational sessions at nursing facilities. They also conducted follow-up one-on-one interviews with any resident requesting additional information, and intensive needs assessments for residents expressing continued interest.

At each group session, a pair of educators – one from each organization – distributed packets containing information about each of Utah's home and community-based long-term care programs. Utah's Medicaid staff prepared these packets in advance.

AAA and ILC educators gave an overview of all HCBS programs.

Using a slide presentation prepared by Medicaid staff, the educators gave an overview of all the community-based long-term care programs. The educators then presented basic information about each program, including four different Medicaid home and community-based services waiver programs that target older adults, people with physical disabilities, people with developmental disabilities, and people with brain injuries. Other programs mentioned were state-funded programs, supports available from ILCs and AAAs, and the Medicaid managed long-term care initiative where available. Finally, the educators – some of whom are former nursing home residents themselves – told real life stories of successful community transitions.

At the end of each group meeting, educators offered to meet individually with residents. At the one-on-one sessions, the educators answered individual questions and discussed community care options in more detail. Educators also collected preliminary information about the residents using a standardized interview tool designed by the Disability Rights Action Committee of Utah.

The AAAs conducted intensive needs assessment for residents who expressed

continuing interest after the one-on-one meeting. Each assessment was administered by a Licensed Registered Nurse and a Licensed Social Worker or other Mental Health Therapist. This team identified the services and supports necessary for the resident to make a transition to the community and evaluated the availability of publicly funded services to meet these needs. The team then explained the results of the assessment to the resident.

Implementation

Utah faced two significant implementation challenges when implementing the education program: 1) ensuring an unbiased presentation of information from AAAs and ILCs, who also provide Medicaid home and community-based services; and 2) ensuring nursing homes allowed the educators to make their presentations.

Utah dealt with the first challenge in several ways. Utah's Medicaid agency prepared the slide presentation and the informational packets – thereby ensuring that the printed materials and the presentation were complete and impartial. Utah trained the educators during several months of trial sessions in one county. The educators used this opportunity to learn about the other programs and practice impartiality. Utah also required that a third-party observer – usually a long-term care ombudsman – be present for all of the group sessions. As a familiar face in nursing homes, the ombudsman made residents feel comfortable, lent credibility to the educational session, and insured an unbiased presentation. Finally, Utah required educators to disclose their relationship with their programs if residents expressed specific interest in them.

Utah also needed to ensure that nursing facilities would allow educators to conduct the sessions. Utah established that as Health Department contractors, the educators were guaranteed the same access to nursing home residents as the Department's

The educators were guaranteed the same access as state surveyors.

state surveyors and Medicaid staff. In order to address any individual facility concerns, the educators separately briefed staff and managers about the program. Utah found that the individual managers and staff were often supportive. In addition, the executive leadership at Utah's Department of Health (DOH) communicated strong support for this program to the state's nursing home industry.

Impact

According to the state's evaluation, the project provided education and outreach visits to 85 of Utah's 100 nursing homes. Some nursing homes were excluded either because they did not serve Medicaid participants or due to other circumstances unique to a facility. On average, about 20 percent of residents attended group educational sessions. About 15 percent of those who attended received intensive needs assessments.

Of the 63 residents that case managers determined are appropriate for a less restrictive setting, 30 moved to the community. Half of these people used Medicaid community programs after discharge, and the other half made other arrangements. Some of the latter group entered nursing homes for a scheduled short-term stay and may have left the nursing home without assistance.

Utah has learned some lessons it believes will improve rates of community placement following the next educational program. The state has found that case managers who

conduct needs assessments tend to be conservative in determining resident needs. In future educational programs, Utah will address this issue in working with case managers. Second, Utah believes some residents, appropriate for community placement, are reluctant to follow up on referrals. Utah plans to implement a peer support system to give residents additional assistance. Finally, Utah plans to create an ongoing education program to continue to increase awareness. The state will use any information gathered to improve future educational programs.

In addition to lessons learned regarding educational programs, the program identified an overall lack of alternative living arrangements and community-based services. In response to this need, Utah expanded its Long Term Care Managed Care (LTC MC) Initiative based on the success of the first project, *FlexCare*. There are currently three LTC MC Initiative projects. *FlexCare* now serves approximately 400 individuals in its three-county area that includes Salt Lake City. *Weber MACS* began in October 1, 2003 and serves 60 individuals in a three-county area that includes Ogden. *Molina Independence Care* began August 1, 2004 and currently serves 15 individuals in five rural, southern Utah counties.

Contact Information

For more information about Utah's Nursing Home Resident Education Project, please call Nichole Adams, Policy Specialist, at (801) 538-9188 or nicholeadams@utah.gov.

Some Discussion Questions:

How can this approach be adapted to help nursing home residents with dementia transition to the community?

Can this approach be adapted to assist residents in other institutions?

The original report was written by Anne Tumlinson of The Health Strategies Consultancy. Medstat revised the report, one of a series of reports by Medstat for the U.S. Centers for Medicare & Medicaid Services (CMS) highlighting promising practices in home and community-based services. The entire series is available online at CMS' Web site, <http://www.cms.hhs.gov/promisingpractices>. This report is intended to share information about different approaches to offering home and community-based services. This report is not an endorsement of any practice.